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ABSTRACT

This packet of materials contains law-related materials for students to conduct a mock trial. In this case a faulty water system, containing the parasite Pindia, contributed to the death of an AIDS patient. Statements from the plaintiff, a representative of the Metro City Water Department, health officials, and others are presented. New releases, graphs of pollution in the water system, a water quality advisory, and other materials are included. Students use these data to research and present a mock trial on the basis of the information provided. (EH)

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ED 426 000

Official 1997 Mock Trial Materials

for the

TWENTY-FIFTH ANNUAL DISTRICT OF COLUMBIA PUBLIC SCHOOLS MOCK TRIAL PROGRAM

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

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RICKI JONES,
Plaintiff,

V.

METRO CITY,Defendant.

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
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Statement of Stipulated Facts

All parties to this action do hereby agree and stipulate to the accuracy of the following facts:

On September 16, 1996, 24 year-old Samuel Jones died of pindiatosis in connection with AIDS. Sam had AIDS for several months, but his health worsened after he drank water containing Pindia, a parasite found in the Metro City tap water. The numbers of this parasite had increased due to the poor condition of the city's pipes. Metro City is located in the state of New Goverland.

The Metro City Council became aware of Pindia in October of 1993, while testing for difficult to detect protozoa and bacteria in the city's water system. The city received special funding from the federal government, a one time payment of $200,000, for this testing as part of a national survey of the quality of drinking water. After discovering the presence of Pindia, Metro City began testing the city's water system twice a year. The population of the Pindia rose as the Metro City water pipes steadily deteriorated.

In June of 1996, the levels of Pindia rose above 300 per gallon of water, the federal threshold levels of minimal health risk. Because the numbers of Pindia continued to rise, on July 29, 1996, the Federal Water Safety Advisory (FWSA) required the City of Metro City to issue a boil water advisory to all of its residents. Additionally, the FWSA required the city to publish the warning in a locally-read newspaper. The City Council sent notice to the residents and published the warning on the back page of the Metro City Times, the local newspaper. The FWSA also issued emergency funds to the city to replace the most deteriorated section of the water system pipes. As a result, by August 1996, the level of Pindia had leveled off at 400 per gallon. Although 400 Pindia per gallon is a level safe for general public consumption, it poses a potentially serious health risk for those with weakened immune systems.

On September 1, 1996, the city began to flush the water system with chlorine, a chemical that kills Pindia. On September 15, the levels of Pindia had dropped to 278 Pindia per gallon, a level below the threshold level of minimal health risk. However, three people were proven to have died as a result of ingesting Pindia while it was at higher levels. Sam Jones is one of them.

Claims and Defenses

Ricki Jones, Sam's parent, is suing Metro City under the alternative theories of strict liability and negligence. Mr./Mrs. Jones claims that the city is strictly liable for selling an unreasonably dangerous product to the public. In the alternative, Mr./Mrs. Jones is also claiming that the city was negligent in not flushing the pipes with chlorine before the levels of Pindia became a health risk and failing to provide adequate warning about Pindia's potential fatal effect.

Metro City is arguing that the water was never unreasonably dangerous and therefore it should not be held strictly liable for selling it to the residents of Metro City. Additionally, the city asserts that it was not negligent in its handling of the presence of the Pindia parasite. The city claims it provided adequate information to the public about Pindia and that it took reasonable measures to prevent Pindia from becoming a serious health risk to the residents of Metro City.

Relief Requested

Plaintiff is seeking $3,080,000 in compensatory damages, calculated as follows:

$20,000 a year for 20 years = $400,000 for loss of consortium
$15,000 doctor and hospital bills for final stay in hospital
$5,000 for funeral costs
$1 million for pain and suffering of parents
$60,000 for pain and suffering for Sam
$1 million for punitive damages for Sam's death
$30,000 a year for 20 years = $600,000 for lost wages to estate

Defendant denies liability. In the event that defendant is found liable, defendant claims that the estranged relationship of the deceased to his family does not warrant compensatory damages. Additionally, the defendant argues that the amount being requested by the plaintiff is too high because the deceased was already afflicted with a terminal illness and had a short life expectancy.

Additional Stipulations

The parties have stipulated to the authenticity of the following items:

1. August 1-7, 1996 issue of Metro City Times, "Community Notices" section.
2. Metro City water quality advisory, August 1, 1996.
3. Graph of Pindia population in Metro City water system, submitted by the Metro City Office of Public Utilities.

The parties reserve the right to dispute any other legal or factual conclusions based on these items and to make objections to these items based on other evidentiary issues.

APPLICABLE LAW

Related Statutes

New Goverland CIVIL CODE § 22. TORT ACTIONS

Sec. 22-325 Standard Governing Negligence Actions

(A) To support a finding of negligence, a plaintiff must prove by a preponderance of the evidence that:

i) defendant owed plaintiff a duty of care;

ii) defendant breached that duty:

iii) defendant's breach caused plaintiff's injuries; and

iv) plaintiff suffered damages as a result.

(B) Comparative Negligence: In a negligence action, to assess damages, the finder of fact must:

i) Determine the percentage of fault attributable to each party; and

ii) Reduce the amount of the damages due the plaintiff by the percentage of fault attributed to the plaintiff.

iii) In a action for damages brought by any representative of an estate, who is also a parent of the deceased, the actions of both the deceased and the parent must be considered when applying the comparative negligence provisions.

Sec. 22-340 Standard Governing Product Liability Actions

(A) Providers of products sold to the public may be held strictly liable for any injuries or harm caused by that product regardless of fault or intent of the seller of the product

(B) To support a finding of strict liability, the plaintiff must prove by a preponderance of evidence that:

i) a product is unreasonably dangerous and

ii) a less dangerous alternative or modification was economically practical.

(C) A product is unreasonably dangerous if, at the time of sale, the product in its design and/or manufacture is dangerous beyond the expectation of the ordinary consumer.

(D) A plaintiff's failure to discover or guard against an unreasonably dangerous product is no defense to strict liability in this section. However, such a failure on the part of the plaintiff may reduce his or her recovery.

Sec. 22-347 Sovereign Immunity

The State of New Goverland and its cities and municipalities waive their rights to claim sovereign immunity in any tort actions in which they are defendants.

CASE LAW

Scott v. Better Pest Products, 478 A.2d 1113 (New Goverland, 1990)

Summary of Facts: On Appeal. Frank Scott, a Metro City worker, used Herb Juice in his work. Herb Juice is a pesticide produced by Better Pest Products. The label on the Herb Juice can warned against using the pesticide without the use of gloves. It stated that: "WARNING. Use of this product without wearing protective gloves can result in severe skin burns." Mr. Scott used the product without wearing gloves. Mr. Scott spilled some of the substance and suffered severe burns on his hands and wrists. These burns caused extensive nerve damage, making it difficult for Mr. Scott to perform any manual labor.

Mr. Scott sued Better Pest for $500,000, claiming that the label was insufficient to warn him of the potential dangers of the substance. The trial court did not allow Mr. Scott to testify that he did not read the label or an expert to testify that average persons in the workplace do not read warning labels. The trial court determined that this information was irrelevant. The trial court found that Better Pest Products had provided a warning label that clearly stated the potential hazards of the product. The trial court found Providing a warning label satisfied Better Pest Product's duty of care.

Holding: We reverse the finding of the trial court and order a new trial. The trial court erred in not allowing testimony as to whether the warning label would be read. In this case, Mr. Scott is not only arguing that what the label said is inadequate; he is also arguing that a label alone is not enough warning . The fact that Mr. Scott and other workers do not ordinarily read product warning labels could provide evidence that the label itself was inadequate to warn the user. In negligence actions, the courts must apply a reasonable person standard. Mr. Scott must be allowed to show that the average, reasonable person in the workplace would have heeded an adequate warning, and that this inadequate warning on the label would not have been read by the average, reasonable person. Even though a plaintiff may have a difficult task proving this matter, he should be given the opportunity.

Bryant v. Metro City College, 519 A.2d 177 (New Goverland, 1992)

Summary of facts: On appeal. Twenty-two year old James Bryant, a Metro City College student, died of an allergic reaction to alcohol after drinking approximately five large glasses of Mad Hornet malt liquor from a keg served at a college-sponsored party. Mad Hornet has twice as much grain alcohol than the average malt liquor (8% as compared to 4%). There was no warning label either identifying the beverage as Mad Hornet malt liquor or disclosing its high alcohol content. Mr. Bryant knew that he had a rare allergy to alcohol that could result in a reaction that ranged from mild

dizziness to death. Despite his awareness of his delicate condition, James Bryant often drank heavily at parties.

The Bryant family sued Metro City College, claiming that their son died as a result of its negligence. They claimed the college's failure to warn of the potency of the alcohol was responsible for James Bryant's death. The Bryants asserted that if James had been warned of the higher alcohol content of the Mad Hornet liquor, he would not have drunk it. The trial court found that the Bryants did not prove by the preponderance of the evidence that Metro City College's failure to warn caused James Bryant's death. Rather, the trial court determined that James Bryant's excessive drinking in disregard of his special health condition probably caused his death, and that even an adequate warning by Metro City College, would not have prevented him from drinking on the occasion in question. The Bryants appeal the decision.

Holding: We affirm the findings of the lower court. Evidence that even an adequate warning would not have affected the conduct of the user may be enough to completely eliminate liability. Accordingly, the trial court could have found from the evidence that James Bryant would not have heeded warnings even if they were adequate. We conclude that, there was sufficient evidence for the court to find that Mr. Bryant's actions, and not Metro City's failure to warn, caused Mr. Bryant's death. In this case, it is clear that Mr. Bryant was aware of his susceptibility to alcohol poisoning, yet risked drinking alcohol anyway.

Bay City v. Smith, 722 P. 2d. 330 (Oregonia, 1993)

Summary of Facts: Bay City stopped providing polio shots to the 1,000 kindergarten children entering its schools each year. Polio had been nearly eliminated as a disease, with only one in 10,000 unvaccinated children contracting the disease. Polio shots cost $15 per child. Tamika Smith, a first grade student, was not given a polio shot and got polio. Through her parents, she sued in negligence and was awarded $150,000. Bay City appealed.

Holding: We affirm the trial court and deny the appeal. The city has a legal responsibility to take reasonable measures to protect all of its citizens from health risks. These measures may include, but are not limited to, providing adequate warning of the risk, minimizing the risk or eliminating the risk altogether. Whether or not the steps taken by the city are deemed reasonable is determined by balancing health effects, economic burden and the foreseeability of injury by continuing to allow the existence of the risk.

United Motors, Inc.v. Mason, 415 A. 2d 822 (New Goverland, 1980)

Summary of Facts: Charles Mason died from burns suffered when the car he was driving was hit from behind and exploded upon impact. United Motors, Inc., maker of the car, admits to liability. The only question at issue here is the extent of damages. Mildred Mason, the widow and representative of Charles Mason, has sued under both this state's Wrongful Death Statute and its Survival Statute. Mildred and Charles Mason had three children, who at the time of Charles' death were 3, 6 and 9 years old. Charles Mason dearly loved, and was dearly loved by, his children. He spent at least ten hours per week with his wife and each child. Charles Mason was 40 years old, and had a life expectancy of 30 more years. He could be expected to work until age 65. He made $40,000 per year as a maintenance worker at a chemical plant. He lived 10 days after the accident, in great pain from his burns. Medical expenses came to $35,000. Funeral expenses came to $3,000. The trial judge awarded $2,338,000. United Motors appealed. We affirm.

Holding: Under the Wrongful Death Statute, damages may be awarded for "the death and loss sustained" by his family. The first type of damages sought by Mildred Mason is for lost wages. This is for income lost to the family or the estate of the deceased. The trial court's award of $1,000,000 for $40,000 in wages for 25 years is not excessive. The second type of damages sought is for "loss of consortium," or loss of companionship. Of course, money cannot truly compensate a family for the loss of a loved one. Even so, the trial court's award of $20,000 per year for 30 years of life expectancy is not excessive. The $20,000 amount, based on an amount of $5,000 per year per family member, is reasonable. The third type of damages sought is for expenses brought about by the death. The trial court's award of $3,000 for funeral expenses is reasonable. The fourth type of damages sought is punitive damages. Punitive damages are not allowed under our Wrongful Death Statute except in special circumstances. These are situations where the defendant shows reckless or callous disregard for the life of the deceased. In this lawsuit, United Motors admitted that it knew that its cars' gas tanks could explode in rare situations in a few cases. The trial judge was not in error when deciding United Motors showed callous disregard for the life of Charles Mason. The judge's award of $500,000, therefore, was permitted under the statute and not excessive.

Under the Survival Statute, tort claims which a person could bring before his death are allowed to be brought after his death. These claims can be brought by the representative of the deceased in the place of the deceased. In this case, Mildred Mason is seeking several types of damages. First, she is seeking damages for Charles' pain and suffering between the time of his injury and his death. The trial court's award of $20,000 per day for ten days is within the statute. Second, she is seeking medical expenses. The award of $35,000 for these costs is proper.

King Boiler Company, Inc. v. Ashbrook, 319 A. 2d 760 (New Goverland, 1978)

Summary of Facts: Jason Ashbrook, a boiler room worker at Eastern Steel Company, was severely burned when a boiler made by King Boiler Company exploded. Expert testimony for the defendant, King Boiler Company, included evidence that the boiler met the Federal Industrial Boiler Safety Standards and the standard of the Federation of Boiler Operators, Mechanics, and Workers for construction and operation of industrial boilers. The jury returned a verdict for the plaintiff, finding the defendant negligent. Defendant appealed on the ground that the verdict was contrary to the weight of the evidence. Defendant argues that it was not negligent because the boiler was shown to have met the relevant safety standards in the industry.

Holding: The issue of whether the boiler was safe was a question of fact for the jury. The standard for negligence is whether the defendant's actions were reasonable. In this case, the standard is whether the boiler met reasonable expectations of safety. Certainly, a major factor in determining boiler safety is whether a boiler meets federal and other safety standards. Such standards are regulatory standards, however, and not necessarily standards for legal liability. A jury could find that government and industry standards are too low. In other words, a jury could find that for a boiler to meet reasonable expectations of safety, it must meet higher standards than those required by the government and the boiler industry. The jury's decision is affirmed, and the appeal denied.

RICKI JONES - WITNESS STATEMENT

(Plaintiff)

My name is Ricki Jones. I am forty-seven years old and I am currently vice president of a consulting firm, Shannon and Totes, here in Metro City. My spouse, Terry, and I live in a quiet, suburban section of Metro City. Our children have all attended elementary and secondary schools in Metro City. I have three children: Tracey, age 17, James, age 14, and Sam, my oldest child, who would have turned 25 next month.

Sam was the light of my life. Terry and I were newlyweds barely out of college when we discovered that we were going to have a baby. At that time Terry was working only part-time and I was struggling at a small consulting firm. Somehow, we made it work. I had to work long hours during the week, but Terry and I made sure that we spent quality time with Sam on weekends. Because of our financial situation, Terry and I decided to wait to have more children until things changed. We focused on raising Sam, and for seven years he was our only child.

When Sam was about six, both Terry and I began to see a payoff in our hard work. I received a promotion and a significant increase in my salary. Since Sam was in school, Terry began to work longer hours. It was around this time that Terry and I had Tracey. When Tracey was born, Terry and I decided that it would not be fair for either one of us to have to sacrifice our promising careers. Therefore, we hired a babysitter to care for the children while we were at work. The children got along and performed very well in school.

Sam was extremely popular in high school and girls were always calling our house for him. Sam was a varsity football and basketball player and a "B" student. He dated, but really had only two serious girlfriends while he was in high school.

In 1989, when Sam was 17, he sometimes appeared to be lethargic. I am anemic, which means I do not have enough iron in my blood. We all figured that was Sam's problem also. Sam went to the doctor to have his blood tested for anemia. The doctor suggested that since Sam was admittedly sexually active, he should have his blood tested for HIV. Sam agreed to be tested for HIV. Several weeks later, the doctor called Sam into the office to disclose the results of the test. When Sam came home from the doctor's office, I expected him to playfully complain about having to take iron tablets. Instead, I could tell by the look on his face that something was terribly wrong. Sam was anemic, but that, unfortunately, was the good news. When Sam told Terry and me that he was HIV positive, our world fell apart. We figured that Sam had sex, but we couldn't believe that he actually had unprotected sex. With all the information, sex education and public service announcements about safe sex, we assumed that he practiced safe sex.

Looking back, we probably should have taken the family to counseling, but I suppose we felt that our family could overcome anything. We told Sam that we still loved him and that we would give him all the support he needed. Terry and I insisted that he do the responsible thing and inform all of his previous sexual partners of his condition. Once the news was out, Sam immediately lost his popularity. He was shunned by his so-called friends and teammates. Sam became reticent and introverted.

He dropped off the athletic teams. However, Sam did maintain a B average. When he graduated from high school, he went off to Denoit University in Layhill, New York. He wanted to go to college somewhere far enough away that people didn't know him. We had limited contact with him after he left for college. He came home for holidays, but he was always very quiet, and he didn't really participate in family activities.

Sam graduated from college in 1994, at the age of 22, and got a job working for a newspaper in Metro City. In April of 1996, he was diagnosed with full blown AIDS. He told us of his condition and he also told us that he was quitting his job. We assumed that he wanted to travel the world or gain some other last chance life experiences. Instead, Sam told us that he simply wanted to stay at home alone in his apartment. I was shocked. I insisted that he stay near us. We have a condominium, a one-room studio with a kitchenette, located about a block away from our house. Before offering it to Sam, we rented it out for $500 a month. Sam agreed to stay there so long as he could live alone. Despite everything, Sam always wanted to maintain his independence.

Sometime in June of 1996, Sam began to get closer to his friends and family. He went to the community play Tracey was in each of the three nights it ran. He attended James' soccer games some Saturdays. Because he said that he needed private space, we rarely visited his apartment. Our last visit at Sam's apartment was at the very end of July. He had lost weight, but aside from occasional weak spells, he really seemed just fine. In fact, during that last visit, Sam agreed to go with the family on a trip to Spain during winter vacation. I think that he was finally starting to come out of his shell.

I received a phone call from Tyler Johnson, a counselor who worked at a local AIDS clinic. S/he called to tell me that Sam had stopped going to the clinic. Quite frankly I was happy. There were many times when Sam would come back from that clinic really depressed. I think that those people spent too much time talking about HIV and AIDS. I wanted Sam to concentrate on living and not on dying. Besides, Sam was taking renewed interest in his family, and that was all the support he needed.

It was the tap water that accelerated my son's death. I remember when this whole Pindia scare first occurred. Sometime during the fall of 1993, I remember seeing a report on water contamination on the news. I was nervous about the water's contamination because I was worried about my family's health. The news report made it clear, however, that the water was safe for drinking. Since no one in the city was reported to have gotten sick from the water, I thought the "water scare" was just a political scare tactic until August of 1996, when I received the public notice in the mail. The notice said that drinking the tap water could make people with HIV or AIDS very sick. I tried to call Sam and warn him, but the phone was busy and I was on my way to work. I had a lot on my mind that week. I was working on a huge proposal; I had to take James to a soccer championship in New York that weekend, and Tracey was at home with the flu. Then I completely forgot about the water report. I assumed that Sam heard the report himself or that his doctor had told him. Anyway, I wasn't worried because Sam always bought his water. When Sam was in college he became a health fanatic. He became a vegetarian and he said that he had decided to permanently switch over to bottled water because it tasted much better.

I am not sure whether Sam received or read the public notice. Although Sam received the Metro Times until his death, I doubt he saw the tap water advisory on the back page of the last section of the paper. This was front page news, not something to be hidden away in the community notices section of the paper that no one ever reads.

On September 13, 1996, I got the call that Sam had been taken to the hospital. He hadn't been sick beforehand, so I was really worried. Terry, the kids and I rushed over as soon as I heard just how sick Sam was. When we got to the hospital it was a horrible scene. Sam was hooked up to all of this equipment, and it was clear that he was not going to pull through. The doctors let the family in so that we could say our goodbyes, but Sam was unconscious at the time. I told him over and over how much we all loved him, but I will never know whether or not he heard me. I still can't believe that my child is gone.

A week after Sam's death, Dr. Dawes told Terry and I that Sam's death had been accelerated by a parasite in the tap water. I was furious! The city allowed its residents to drink contaminated water. I blame Metro City for the death of my son. They never should have allowed the water system to deteriorate to such a poor condition. If they had simply flushed the water system with chlorine, my son would be alive today! Moreover, the city did not take adequate steps to warn my son of the potential dangers of drinking the local tap water. I want the city to pay for murdering my child. It took valuable time away from Sam, and valuable time from my family that we could have spent with him for the remainder of his life.

ALEX FOSTER - WITNESS STATEMENT

(Testifying for Plaintiff)

My name is Alex Foster. I have worked for the Metro City Office Public Utilities department for about thirteen years now. I have a Bachelor's of Science degree in Biology and a Master's degree in Engineering. I am one of a team of about six public utilities employees that monitors the conditions of the city's drinking water. I am the founder and president of the Metro City chapter of Nationalists Advocating Good Government (NAGG). NAGG is a national organization created by citizens concerned that their local and federal governments are doing little to protect their citizens. The organization has been in existence for seven years. I created the Metro City chapter five years ago, after running for a seat on Metro City Council. Today, there are sixty-eight active members of this chapter of NAGG. I lost the election because I am more concerned about addressing real concerns and not just feeding people political baloney.

I opened the local chapter of NAGG because I am concerned about the drinking water in Metro City. I want to be sure that these concerns get addressed one way or another. NAGG is concerned that the Metro City government ignores the needs of our citizens and instead focuses almost solely on politics and economics. The Metro City Research Institute claims to be interested in healthy drinking water, but its recommendations are weak. One of my campaign promises in my city council race was to cut off the city's funding for the Institute. With a limited city budget, we can't afford a research center.

The Federal Water Safety Advisory is a federal agency that monitors the safety of drinking water throughout the country. As a condition of granting the money to Metro City to conduct specialized tests for bacteria and parasites in the water system, the Federal Water Safety

Advisory required a team of public utility employees to take a week-long course taught by FWSA employees. Since I am one of the people who tests the water, I was selected to take this course. During the week, I learned various facts about Pindia including how to test for it, at which levels it becomes dangerous, and the symptoms and effects of ingesting large quantities of Pindia.

About two weeks after I completed the course, Metro City was approved by FWSA to receive funds to do a test for Pindia. One October 12, two weeks after the funding was approved, we tested the water for the presence of Pindia. When our findings were first reported, the Metro City Council was reluctant to do any increased monitoring of the water. However, our team of water testers presented a report about the potential health risks of Pindia if its levels become too high. On October 17th, I recommended that the Council approve spending the money to flush the water pipes with chlorine as soon as the Pindia levels reached 250. That way, we could maintain control of the number of Pindia before it posed any health risk. This procedure costs about $600, 000. Metro City Council Chair Chris Baird discouraged council members from voting for this idea. S/he said that the bad taste of the water and the negative publicity that it would bring to the city would outweigh the positive effect of spending that much money for just a few people.

I was really upset by the council's disregard for the health of its citizens. I thought that $600,000 was very little to pay to keep the citizens of this great city healthy. The next night I organized a NAGG meeting. The members of NAGG voted to focus on the government's response to the Pindia issue. We felt that the response from our local council was inadequate. Instead of replacing water pipes or flushing them with chlorine, we were afraid that the council

was going to wait until the situation became health threatening. From October through December, the members of NAGG organized a city-wide educational campaign. We distributed flyers to citizens that stated that their local politicians were unconcerned about their health and more concerned about looking good to the public. NAGG also gave citizens the number of the Metro City Public Utilities Office and the information phone number for Metro City Council. We encouraged them to voice their concerns to their local politicians and to the public utilities office. The phone lines were flooded with concerned voting citizens.

After receiving this political pressure, Metro City Council realized that it had better pay attention to this issue. Council members voted to increase the monitoring of the community water system from once to twice per year. We were pleased with this small victory, but we were not satisfied. Monitoring the levels of the parasite still did not decrease any health risks. Although the levels of Pindia were not yet threatening, the possibility that they would become a health risk was very real. I suggested to NAGG that we begin to write and call the Federal Water Safety Advisory about the problem. Because NAGG kept the FWSA up to date on the problem, when the levels of Pindia began to reach health threatening levels, the FWSA took action. It forced the city to issue a public advisory and to publish a warning in the newspaper. The FWSA contacted the Office of Public Utilities, where I work, to write and send out the public advisory. My supervisor had me write the language of the advisory.

Pindia was first discovered in the water system in October of 1993. After that, there was a clear upward trend in the number of these parasites. It was not until September 1, 1996, almost *three years* later, that the city flushed the pipes with chlorine. If it wasn't for the efforts of my

organization, NAGG, the city would not have done anything. I hope the voters remember that the next time I run for a seat on Metro City Council!

Metro City tried to get by with fulfilling the bare minimum required by the FWSA, and look what happened. As a result of the city's reckless disregard for the community's health, three people died and even healthy people became sick after ingesting large quantities of water. The city claims that "only" 250 cases of reported illnesses were actually proven to be connected to the tap water. That's a lot of people! However, there probably were many more cases that went unreported or were misdiagnosed. Proving a connection between illness and Pindia is very difficult. In an otherwise healthy person, the Pindia protozoa are flushed out of the system within two weeks, usually sooner. Therefore, some people may have been sick, but the parasite was flushed out of their systems before they were able to discover the cause of their illness.

Let's not forget that three people that we know of died as a result of Pindia. Perhaps three is an insignificant number to these politicians, but it surely is not insignificant to the families of those who died. NAGG has been in contact with each and every one of these families since the death of these people. Sam Jones, Natasha Richardson, and Brian Johnson were all AIDS patients who were successfully surviving the effects of this devastating disease until they drank water infested with Pindia.

DR. PAT DAWES

(Testifying for Plaintiff)

My name is Pat Dawes. I am head of the Department of Infectious Diseases at Lincoln Presbyterian Hospital in Metro City. I received my medical degree from University of Metro City in 1981, and I also completed my residency in infectious diseases there. I have written a book on AIDS called LIVING WITH AIDS. I specialize in infectious diseases, and for the past twelve years I have almost exclusively treated HIV positive and AIDS patients.

Sam Jones' parents, Ricki and Terry, came to see me a little over two years ago. They said that their son was HIV positive and that he was returning to the area after four years of college. They said that they had heard that I was the best in my field and that they wanted to make sure that their son received the best possible treatment for his condition. I made it very clear to the Joneses that my fee was rather high, but they let me know in no uncertain terms that they would spare no expense in assuring that their son lived a life that was as long and as healthy as possible. Over the last two and a half years, I have received approximately sixty thousand dollars in payments from Mr. and Mrs. Jones. Today, I am being paid two thousand dollars to testify in court. I think that this is a fair fee, considering the value of my time.

When Sam first came to see me in the summer of 1994, he had HIV, but he did not yet have full-blown AIDS. HIV is the virus that breaks down the immune system. AIDS refers to a number of life-threatening medical conditions that develop as a result of infection with HIV. In order to be diagnosed with AIDS, the patient's T-lymphocyte

helper cells (T-cells) count must fall below 200. The T-cells are responsible for activating the immune system when your body has an infection. HIV destroys these cells so that the immune system can't fight off infections. Organisms such as yeasts, bacteria, and parasites that are usually kept at low levels by healthy immune systems can multiply and cause disease in an HIV infected individual. A healthy person's T-cell count usually fluctuates between 600 and 1,600 T-cells in a cubic milliliter of blood. This count may fall below 600 for a variety of reasons, not all of which are related to HIV or AIDS. People with immune systems between 200 and 500 T-cell counts have some immune system protection but may develop minor infections. People with T-cell counts of 200 and below are severely immune-suppressed and are at high risk for developing life-threatening infections. When a HIV positive person's T-cell count drop below 200, they are diagnosed with AIDS. When Sam first came to see me, his T-cell count would fluctuate between about 220 to 270. With the treatment I was giving him we were able to keep his T-cell count in that range for about two years.

Despite my vigorous treatment programs, Sam's luck changed in mid-April of 1996. At that time, Sam's T-cell count dropped to about 190. Sam officially had AIDS. When I gave Sam the news he was devastated. He kept asking me to tell him how long he had left. I made sure that he understood that even though he had AIDS, he could still maintain a healthy lifestyle for years if he took care of himself. I told him that it was just very important that he took his medication, watched what he consumed, and avoided catching any illnesses that might weaken his immune system such as a cold, pneumonia or virus. I gave Sam simple yet tasty recipes so that he could maintain a well-balanced,

nutritional diet. Sam was young and in great physical shape. There was no reason to believe that he would not have lived many more years.

Sam caught pneumonia sometime at the end of May 1996. He was extremely sick and had to be hospitalized for about a week. I wanted to call his parents, but Sam told me that he would consider it a breach of doctor-patient confidentiality if I let them know how sick he was. I told him how foolish he was being, but I followed his wishes. Sam paid the hospital bills for this particular stay out of his own savings account. By the time Sam got out of the hospital, his T-cell count was about ninety. I made sure that Sam came to my office or the hospital at least once or twice a week. In the beginning of July, however, Sam stopped coming to my office. I thought that perhaps he had switched doctors. I called him to see what was going on, but no one answered the phone. I also sent him notices reminding him to come visit. When I got no response, I assumed that he had started seeing a doctor at an AIDS clinic he had once mentioned.

When the report on the Metro City water came out in the beginning of August, I notified most of my patients, by phone or during their visits, that they should either boil their tap water for a minute before consuming it, or that they should simply use bottled water. As I stated earlier, Sam did not answer the phone the two times my office tried to reach him, nor did he come in for his regularly scheduled visits. I knew that if he drank even a couple of glasses of the water, he could become extremely ill and could eventually die. Unfortunately, he was one of the few patients I could not reach.

On September 13, 1996, Sam was brought into the emergency room of Lincoln Presbyterian Hospital by an ambulance. He was extremely ill. Fortunately, I was on

rotation at the time, and as his examining physician I was able to talk with him. I asked him a series of questions: whether he had been eating the foods I recommended, whether he had been taking his medicine, whether he had been avoiding exposure to conditions that could be detrimental to his weakened immune system, and whether he had been drinking purified water. He answered yes to all but the last question. I immediately requested that Sam's blood and stool be tested for a T-cell count and for the presence of Pindia. Sam had approximately 20 T-cells, and the tests came back positive for the presence of the parasite. I knew that in Sam's deteriorated condition, there was really nothing we could do for him except ease his pain. When his family arrived at the hospital, I explained the situation to them. Sam was unconscious at this time, due to a combination of the pain-killing drugs we had administered earlier and his impending demise. I could see the pain Sam's family was experiencing as they said their goodbyes to his unconscious body. Sam died three days later on September 16, 1996. After Sam's autopsy, I received a pathologist's report confirming the fact that Sam's death had been accelerated by the presence of Pindia.

In a healthy person the immune system prevents the parasite from having any permanent effect on the body. Usually, a healthy person will not be affected by Pindia. In the most severe cases, a normally healthy person will experience upset stomach, nausea, and watery diarrhea. But in the majority of cases, the immune system prevents the parasite from having any noticeable effect at all and the parasite is flushed out of the system within two weeks after being ingested. The public health monitoring of outbreaks of Pindia infection is difficult for at least four reasons. First, many

physicians are not aware that the diarrhea and other symptoms are from Pindia and not the flu, stomach virus or some other cause. Second, laboratories where samples are sent often do not test for Pindia when a doctor wants a stool sample tested for parasites. Third, few states include pindiatosis as a reportable condition. Fourth, as a result, there may have been many more outbreaks of pindiatosis than were reported.

When Sam was brought into the hospital, his T-cell count was in the low single digits. In other words, he had no protection from the parasite in his system. The parasite had free access to ravage his already weakened immune system. The introduction of this parasite into his body ultimately resulted in Sam's death.

Had Sam not consumed the Metro City tap water, he may have lived for quite a bit longer. It is impossible to say exactly how long. This would depend on whether he was exposed to any attack on his immune system and many other factors. If his condition remained the same, he could have lived for as many as five years. Had we been able to build up his T-cell count like we were trying to do, he may have lived even longer than that, perhaps ten years or longer. The key for Sam was to avoid infections or any other attack on his immune system. However, near the time of his death, Sam's immune system's defenses were virtually non-existent. Any attack on his immune system probably would have killed him.

CHRIS BAIRD - WITNESS STATEMENT

(Testifying for Defendant)

My name is Chris Baird and I have served as chair of the Metro City Council for five years. I am a resident of Metro City and I have been so for all forty-three years of my life. As a resident of Metro City, and the Chair of its Council, my primary concern has always been the well-being of the citizens of Metro City. I am deeply saddened for the Jones family's loss and my sympathies are with them. However, this tragedy is most definitely not Metro City's fault. Metro City took every reasonable precaution to prevent such a tragedy from occurring. Instead it is one person's unique vulnerabilities, and his failure to pay heed to numerous warnings, that has resulted in this misfortune.

In October 1993, as part of its annual survey, Metro City Public Utilities decided to use a new screening procedure to more accurately detect bacteria and parasites in the drinking water. We received special funding, a one time contribution of $200,000, for this process from the federal government as part of a national survey on drinking water. As a result of using this procedure, Metro City Public Utilities detected the presence of the Pindia parasite in the Metro City's water system.

The Metro City Council immediately consulted experts as to the significance of this information. We were told that Pindia parasites are found in many water systems throughout the country. Its presence is not a health problem unless its number goes above 300 Pindia per gallon of water. At this time, our levels were only half that, so we were not alarmed. However, we reported these findings in a statement issued to the media, because the members of Metro City Council believe in keeping the citizens well-

informed. As a result of the statement we issued and the overzealousness of an organization called NAGG, there was a huge uproar. Over seven thousand citizens flooded the Metro City Public Utilities Office with concerned questions, despite the fact that we had assured them in our statement that the water was completely safe for drinking. The numerous phone calls we received slowed down the normal functions of the Metro City Public Utilities office and ultimately cost the city over one hundred thousand dollars. This was quite a blow to our already financially weak city.

As a result of the discovery of Pindia in our water, on October 30, 1993, the Council voted to increase the monitoring of the community water system to twice rather than once per year. Unfortunately, we could not receive any more federal funds for this process and were forced to dip into the city's treasury. Although the increased monitoring of the water cost us $400,000 per year, the members of the Council agreed that the safety of our citizens was our first priority. The inspections revealed a small but steady increase in the levels of the Pindia parasite. This increase was largely due to the fact that the pipes through which the water runs were old and deteriorating. Unfortunately, Metro City did not, and still does not have the 100 million dollars necessary to replace the entire water pipe system.

In April 1994, the Council debated flushing the pipes with chlorine to kill the parasite. We decided not to do so because the parasite levels were still not threatening, and the chlorine would have made the water taste like a swimming pool. Also, without replacing the water pipes, the chlorine would be a temporary solution. It would cost us $600,000 a year to treat the entire water system with chorine, and we would have had to

go through this procedure every year. Therefore, flushing the pipes with chlorine at that time would have been an unnecessary expense that would have resulted in endless complaints. Additionally, we were aware that once the community realized that the pipes were being flushed with chlorine, they might wrongly suspect that the problem was far more dangerous than it actually was. We wanted to avoid unnecessary panic.

The Council's decision not to add chlorine to the water was made during our yearly budget meeting. We had no extra or surplus funds to spend. Most council members were elected after promising no new taxes. Some had promised to reduce taxes. City revenues were 10% lower than expected in 1994 and 1995, so we had to make cuts in education, welfare benefits, and other health services. We did approve $7 million for a new sports arena, but that will bring in revenue and jobs, and will increase economic development.

It was Alex Foster who brought the federal authorities into this matter. Foster is still upset over the fact that s/he was not elected to city council. Big surprise! What citizen would want to vote for such a nutcase? Foster has been out to discredit the city council ever since the election. S/he is using the water situation to make a big name in politics. Foster brought the situation to the attention of the Federal Water Safety Advisory (FWSA). The FWSA began monitoring the Pindia levels on June 1, 1996. They concluded that Pindia population was increasing at a rapid rate, due to pipe deterioration. By the end of July the levels of Pindia were at 400 per gallon. The FWSA told us that this level was above the threshold, but that the water was still safe for the general population to drink. The FWSA also said that people with suppressed immune

systems might experience a range of ill effects from drinking the water, ranging from mild discomfort to death. However, the FWSA emphasized that death was a *very* minute possibility. On July 29, the FWSA also required that in conjunction with them, we send a written public notice to all residents of Metro City and publish the report in the local newspaper.

There was one section of pipe that was particularly deteriorated and which had been the major cause of the increase in the Pindia population. On July 31, 1996, we received emergency federal funding of five million dollars to replace that section of pipe. By the time all of the pipe replacement work was finished on August 15,1996, the number of parasites in the water had leveled off at 400. The population increase had slowed down considerably.

The Metro City Council eagerly obliged with all federal requirements. We immediately put together a public advisory, which was sent to every Metro City resident on August 1, 1996. The same day, we also published the notice in the community events section of The Metro City Times, the local newspaper. We didn't push for a front page story because we did not want the community to panic about the situation. Making this report front page news would lead the community to believe that the problem was far more serious than it actually was. However, we did use the same language in the newspaper notice that was used in the Metro City public advisory issued to all Metro City residents. Despite the fact that we knew death was highly improbable, we emphasized "fatality" as a possibility in both written statements.

On August 15, 1996, the Council had an emergency meeting to decide how to further deal with the water crisis. We decided to flush the pipes with chlorine, at a cost of $600,000. This process was initiated on September 1 and by September 15 the Pindia levels were at 278 Pindia per gallon. We were obviously concerned with the health of our residents, but we really did not think that anyone would die as a result of consuming the water. The only period of time I stopped drinking the Metro City tap water was when the pipes were being flushed with chlorine. I hated the taste. However, before then I drank water from the tap, and so did my family. If I had any reason to think that this water was dangerous, I certainly would not have allowed my spouse and two young children to drink the water.

The city residents reacted quite strongly, first to the advisory, and later, to the flushing of the water system with chlorine. Once again, the Office of Public Utilities was flooded with calls, about 700 in all (the Office of Public Utilities keeps records of public contacts). My Council colleagues and I were also barraged with calls from residents, whose reactions included anger, confusion and concern. In all, about 1300 calls were received by the Council. About 80% of the callers to the Office of Public Utilities and the Council were concerned about high levels of Pindia, and demanded safer water. However, the other 20% called to say that they did not want chlorine in the water.

Even the hospitals were hit by the panic. People who experienced any physical discomfort were rushing to the local hospitals, certain that they were sick from ingesting

the parasite. The truth of the matter is that the outstanding majority of these people were actually sick for some reason that was completely unrelated to the tap water. In fact, all of the doctors, clinics and hospitals in this area reported a total of only 250 cases that were actually confirmed to have been connected to the tap water. I think that of the three hundred thousand people who drink Metro City water everyday, 250 illnesses is a relatively small number. Most of these 250 people experienced only stomach cramps and/or diarrhea, but nothing serious. Sam Jones, of course, was one of three people whose deaths were connected to the drinking of the tap water. However, all three of these people had AIDS, were already in severely weakened physical states, and very close to death. Each of these people contracted AIDS due to some lifestyle choice on their part. I am saddened for their families and loved ones. However, engaging in premarital sex is a choice, and it does have its consequences.

The Metro City Council took every reasonable precaution to protect the community. In fact, we went far beyond the call of duty to keep our citizens safe and well-informed. I am very sorry that Sam died, but it was certainly not due to any lack of vigilance on our part. Metro City should not be held responsible for an unreasonable ignorance of, or disregard for, publicized notices.

TYLER JOHNSON

(Testifying for the Defendant)

My name is Tyler Johnson. I am twenty-five years old, and I am a volunteer peer counselor at "House of Friends," an AIDS clinic located in Metro City at Thirteen McLean Avenue. I am HIV positive, and I have been working at this clinic since I was first diagnosed HIV positive at age eighteen. I lead support groups three times a week, one daytime session and two evening sessions. In making this statement, I have struggled with whether I am violating Sam's confidentiality. However, my testimony is general common knowledge around the clinic. Also, I am not a professional therapist.

I first met Sam Jones in the summer of 1994. He had just moved back to the area after having spent the last four years in college somewhere in New York. He said that he lived in the neighborhood, and that he had passed the clinic several times before. I got the impression that this was the first time that he actually worked up enough nerve to come inside the clinic. I told him how happy I was that he came to the clinic, and I tried to make him as comfortable as possible. He was tense at first, but then he warmed up to me. Sam told me that he was HIV positive and that he really needed someone to talk to. I invited him to our counseling sessions and I told him that he should also take advantage of our government-subsidized medical care. He agreed to come to counseling, but he told me that he had ample medical coverage from his job.

For the first few weeks that Sam started coming to support groups, he did not participate in the discussions at all. I wasn't concerned, because that is normal behavior for a newcomer to the group. Even though Sam was silent, I could tell that he was

deeply affected by the discussions. I noticed that his eyes would mist up when people would discuss their families' reactions to the disease and how their lives have changed since contracting HIV.

A few weeks later, Sam started sharing his own background during these counseling sessions. He told us that he was a real star before contracting HIV. He was a good student, a star athlete, and incredibly popular. He also told us that he was a very lonely kid back then. He said that his parents became really absorbed in their careers and then attempted to overcompensate by giving him material things. He said that he tried to get the attention he needed from home from his classmates, by scoring big on the field and with the girls. He said that his whole identity was tied up in this superficial popularity. When everyone found out he was HIV positive, he not only lost his popularity, but he also lost his sense of identity. Sam told us that he tried to "find himself" in New York, but he just ended up becoming more confused and withdrawn. He said that it was hard for him to face the fact that he was sentenced to death.

All of the members of the group, myself included, worked to improve Sam's sense of self-worth. We let him know that he could still live a fulfilling life with HIV. I think that he was comforted by the fact that a couple of HIV positive people in the group had lived with HIV for over ten years without contracting AIDS. Sam's attitude really began to improve. He started talking more about his future, and he made several friends in the clinic.

When Sam was diagnosed with full-blown AIDS in April 1996, his new positive outlook on life did a complete turnaround. He quit his job at the newspaper, and he

seldom came to the clinic. I tried to talk to Sam when he did come to the clinic. I told him that with today's drugs, even people with full-blown AIDS can live for many years with the disease. I suggested that he keep coming to group counseling, but I also recommended private professional therapy to get him through this. Sam said that he could not afford private therapy. I knew that his parents were wealthy, so I suggested that Sam go to them for help. He refused. He said that it was hard enough for his parents to deal with the fact that he had AIDS. He said that he didn't want to add to their worries by telling them he needed therapy. I suggested that he bring his parents into the clinic so that we could explain the disease to them. Sam just smiled sadly and said "Yeah, right." He did go to his brother's soccer games and his sister's plays, but he didn't seem to want to discuss his illness with his family.

When Sam left the clinic that day, I knew that he was going downhill. He had completely cut himself off from all the friends he had made in the clinic. I asked him what was going on, and he said that he just couldn't stand being around death. I was disturbed to see that Sam had adopted such a sense of doom. By the end of July, Sam had almost completely stopped coming to the clinic. The couple of times he did come, it seemed that he was there more for medical exams than for counseling. I was once again curious as to why he just didn't rely on his parents' money to pay for a private doctor. Sam said that he usually used a private doctor that his parents paid for. He came for treatment at the clinic occasionally, because he didn't want his parents to know how frequently he had to go to the doctor. He said that they would "freak out."

The beginning of August was about the time when the city issued an advisory about the hazards of the drinking water. For obvious reasons, that was a really big deal around the clinic. We made sure that everyone who worked in and visited the clinic was aware of the potential hazards of drinking Metro City tap water. Although the city had issued an advisory and published a notice in the paper, we thought that the language in both of these items may have been difficult for the average person to understand. Therefore, we also created and posted fliers in the clinic about water safety. These fliers were pretty easy to spot and the language on them was simple. They were bright red and measured about 12"x 24". Since Sam hadn't been coming to the clinic, I tried to call him several times at his apartment to make sure he was up on the news. No one ever answered.

When no one answered the phone at Sam's house, I decided to call Sam's parents. I had their number because the patients at the clinic usually leave a number to call in case of emergency. I was terrified that Sam may have gone to the hospital, or even worse. When I called Sam's house, Ricki Jones answered. When I told him/her that Sam had stopped coming to clinic, s/he told me that s/he was glad. S/he said that it was about time Sam stop hanging around the dying and come back to live in the land of the living with "normal people". "Normal people!" I couldn't believe how ignorant this person was. It was no wonder Sam was so depressed and confused. When I told Mr./Mrs. Jones how worried I was about Sam, s/he said in a cold tone, "I appreciate your concern, but Sam is *my* child, *my* concern, and *I* will take care of him." S/he told me that s/he had just visited Sam and he was perfectly alright. Then s/he cut me off in

mid-sentence. "Good-bye," s/he said and hung up. It was obvious that I could not talk to Sam's parents. I also couldn't go to Sam's apartment or send him a letter, because he left only his phone number, and not his address with the clinic. He was unlisted in the phone book and no one in the clinic had ever visited his apartment. Therefore, I just waited and hoped that Sam would come back to the clinic.

Sam did come back to clinic once in late August. Unfortunately, I was on vacation the week that he came. No one remembers whether or not Sam was told about the water situation. By mid-August everyone pretty much assumed that everyone who visited the clinic was aware of the situation. When the news about the water was first reported, we had talked about it endlessly. We really went on a strong campaign to educate the HIV/AIDS community about the necessity of drinking purified water.

One thing I am sure of is that we kept the posters about tap water safety posted. Those posters were definitely up when Sam came into the clinic. It is possible that he didn't notice or read the posters. On the other hand, I was told that Sam seemed very depressed when he came into the clinic. It is possible that he read the poster or already knew about the water situation, but that he just didn't want to fight to live anymore.

DR. HUNTER WILLIAMS

(Testifying for the Defendant)

My name is Hunter Williams. I am currently the Chair of the Biology Department of Metro City Research Institute. This is a research center funded by Metro City. I have a Ph.D. degree in biology from the University of Northern Maryland. I am a specialist in parasitology, a branch of biology dealing with parasites. I have been studying parasites that live in water for ten years now. One of the parasites I have studied is the Pindia parasite. This parasite lives in an aquatic environment and feeds on almost any organic material. I have written two articles on this parasite: *New Breakthroughs in Pindia Research*, and *Pindia: The Hidden Threat To Our Tap Water*. Both of these articles appeared in the Journal of Drinking Water Safety, the leading research publication on the topic of drinking water.

The Metro City water system is a perfect place for the Pindia parasite to thrive and flourish. The water system is over 75 years old and its pipes are decaying. The deterioration of the pipes provides places for organic material to build up. This organic material is food for the Pindia parasite to consume. As the deterioration increased, so did the food source for these parasites. As a result, the Pindia population rose with the increased deterioration of the pipes.

When Metro City first detected the presence of the parasite in the water system back in 1993, I was very pleased that the city immediately hired me as a consultant. After testing the content of the parasites in the water, I informed the city officials that

the number of parasites was too small to cause concern. However, I also advised them that the levels of water should be monitored for any further increase in the Pindia levels.

Current techniques to detect Pindia in water are expensive and difficult to perform. Water samples are collected in special filters from all parts of the city. The filters are taken apart and their contents separated and studied in various ways. The whole process takes about a week and each test costs $200,000. As a result, water utilities do not routinely test for the parasite.

Based on my recommendations, the City Council promptly voted to monitor the water system for any increase in the parasite numbers on a regular basis, every six months. My institute does not conduct these tests, but we are paid to review the tests and check their accuracy and reliability. For scientific reliability, it is important for an independent institute like our Metro City Institute to check the results of the city labs.

Incidentally, I resent the attacks made on the Metro City Institute by Alex Foster in the city council race. The Institute gives status to Metro City and jobs to its residents. It's no surprise that Alex Foster lost the election, considering the extreme positions Foster took.

When the Metro City Council first approached me, I informed them that the public health effects of low levels of Pindia in treated water are unknown. However, I did inform the Council that once levels of the parasite reached 300 per gallon of water, a few members of the population might get Pindiatosis, an infection caused by Pindia. I explained that in people with normal immune systems, Pindiatosis remains in the body for only one to two weeks. The symptoms of this disease are: watery diarrhea

associated with abdominal cramping, nausea, vomiting and fever. However, even at 300 parasites per gallon, very few members of the community would become ill. At levels of about 300 - 700 parasite per gallon, only those with weak and/or vulnerable immune systems are at risk. For these people, the effects of Pindia can be ongoing and life-threatening. For them, there is no effective treatment for infection.

Pindia levels can be controlled. The most cost-efficient way to dispose of the parasite would be to flush the pipes with chlorine. Unfortunately, chlorine affects the taste of the water, and, similar to the effects of the parasite, it can result in upset stomachs, nausea and diarrhea. On the other hand, chlorine would not adversely affect those with weak immune systems. It is clear that the Council had to weigh the potential effects of using chlorine against allowing the parasite to remain present in the water system. If the parasite levels remained below 300, it would not make sense to flush the water system with chlorine because the effects of the chlorine would equal to, if not worse than that of the parasite.

Metro City vigilantly monitored the Pindia levels in the water. Unfortunately, deterioration of the water pipes caused the parasite to multiply at rates higher than anyone anticipated. Throughout this whole episode, the city council has acted very responsibly. They immediately educated themselves on the issue and have vigilantly monitored the levels of Pindia since its discovery in the tap water, even though it has cost the city well over a half million dollars. I think that the Metro City Council reacted responsibly to the Pindia problem. They made well thought-out decisions in the best interest of the city. Other cities similar to Metro City in size, population and age of

water systems, have acted similarly. For example, Gothic City monitors its water system four times each year, after it flushes its system with chlorine. Metropolis flushes its water system every four months and monitors its water system shortly after each chlorine treatment. Since testing began in 1993, the Pindia level in each of those cities never exceeded 200 parts per gallon of water, according to the most recent Journal of Drinking Water Safety article on the subject.

Metro City
Office of Public Utilities
240 Florida Ave.
Suite 315
Metro City, New Goverland 18708

OFFICE OF THE DIRECTOR
(324)555-8798

AUGUST 1, 1996

IMPORTANT NOTICE PLEASE READ!!!

Dear Customer:

Water quality monitoring in June and July of 1996 has detected the Pindia parasite in the Metro City drinking water system in excess of the threshold level established by the Federal Water Safety Advisory. In accordance with federal law, the Office of Public Utilities is required to publish a notice in the newspaper and advise Metro City residents by mail.

Pindia parasites are ordinarily found in many water distribution systems and are characteristically found in older water distribution system. Pindia are generally not harmful and are naturally present in the environment. The Federal Water Safety Advisory sets national drinking water quality standards and has determined that the increased presence of Pindia in the Metro City water system is a possible health concern for some and a serious health concern for a few.

People with suppressed immune systems (for example, HIV, AIDS, transplant patients) are particularly susceptible to ill effects from drinking Metro City tap water. Ingestion of the water may lead to diarrhea, cramps, nausea and possibly jaundice, headaches and fatigue. In a very small minority of cases, the effects of the drinking water on a susceptible party *may be fatal*.

Metro City and the Federal Water Safety Advisory remind Metro City residents that no water system, public or private, can provide completely sterile drinking water. Residents with suppressed immune systems should contact their physicians ***immediately*** for health advice on measures to protect themselves. These measures could include boiling water for at least one minute before drinking, using bottled water, or using home treatment devices for extra protection. If these people are not taking such measures, they should avoid consumption of the water until the total Pindia violation has been addressed. All customers, however, may use tap water for domestic uses that do not involve its consumption.

Metro City is taking immediate action to remedy this unfortunate situation and will issue additional public notices if necessary. This public notice and all others will be issued to health providers that care for the residents in this area.

Tap Water Advisory Issued

View of Metro City Public Library after completed

Aug. 1, Metro City. The Council of Metro City (pictured above) met July 30 in a special session to discuss the recent findings of the Federal Water Safety Advisory. The FWSA sets national drinking water quality standards. In monitoring the Metro City drinking water system this summer, the FWSA has discovered the presence of a parasite known as Pindia.

Pindia, ordinarily found in many water distribution systems, particularly older systems, is said to be only a possible health concern for some and a serious health concern for a few. The FWSA advises that people with suppressed immune systems (HIV, AIDS, transplant patients) take the following measures to protect themselves: 1) boil water for at least one minute before drinking 2) use bottled water or 3) use home treatment devices for extra protection. They should avoid consumption of the water until the Pindia violation has been addressed.

The Office of the Director of Public Utilities has already issued one public notice. Metro City is taking immediate action to remedy this unfortunate situation and will issue additional public notices if necessary.

Library Closing

Aug. 1 Metro City Public Library will be closed on Friday, August 2, and Saturday, August 3, to complete renovations. It will reopen on Monday, August 5.

Fire Safety Week

The Metro City Volunteer Fire Department will be conducting a series of seminars about home fire safety. Information will be provided on smoke alarm testing and fire extinguisher use just to start. For more information, call John Doe at (324) 555-1221.

Community Labor Day Picnic

The annual Labor Day Picnic will be held on Saturday, August 31, at the Metro City Fairgrounds. This year's activities will include an egg toss, potato sack races, arcade games, a karaoke hour, and food, food, food! If you are interested in assisting with food preparation, or directing activities, please call Mrs. Jane Smith at (324) 555-3996.

Metro City Office of Public Utilities

Pindia Population in Water System